



DEPARTMENT OF BUILDING & SAFETY

**REQUEST FOR ALTERNATIVE MATERIALS, DESIGN AND METHODS OF
CONSTRUCTION AND EQUIPMENT**

333 North Rancho Drive, Las Vegas NV 89106-3703

Phone: (702) 229-6251 Fax: (702) 382-1240

Page 1 of 2

Date: _____

CLV Project No. _____

Project Address: _____

Owner's Name: _____

Owner's Address: _____

INTRODUCTION

Type of Construction: _____ **Occupancy Classification:** _____

Number of Stories: _____ **Building Sq Feet:** _____

Sprinkler/Hazard Classification: _____ **Design Density:** _____

Design Code(s): _____

Permit Number(s) to be referenced: _____

REQUEST:

Code and Section Affected: _____

Code Edition: _____

Code Title: _____

Section Number: _____

Section Title: _____

Code Requirement: _____

Alternate Requested: _____

JUSTIFICATION: (Provide supporting data, technical reports, data sheets, modeling, calculations, sketches, drawings, etc. Attach separate sheets as necessary.)



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SUBMITTED BY:

Signature

Date:

Print Name:

Title:

Company Name:

Company Address:

Company Telephone:

Fax:

DETERMINATION (For CLV only):

Plans Examination Staff:

Approved

☐

Denied

☐

By:

Date:

Title:

Comments:

Plans Permit Manager:

Approved

☐

Denied

☐

By:

Date:

Comments:

Building Official:

Approved

☐

Denied

☐

By:

Date:

Comments: